

NIAMS CENTRALIZED ANIMAL ORDER REQUEST	The Ordering Investigator completes only Sections 1, 2, and 3.	Today's Date
--	--	--------------

SECTION 1 -- ADMINISTRATIVE INFORMATION

Name of Ordering Investigator		Name of Principal Investigator	
Laboratory/Division/Institute		Phone No.	FAX No.
Building and Room	CAN	Protocol No.	

SECTION 2 -- ANIMAL DATA

Species		Strain/Breed	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Age/Weight	Critical? <input type="checkbox"/> Yes <input type="checkbox"/> No	Quantity
		Vendor/Source	<input type="checkbox"/> Procure via NCI-DCT
Special Ordering Requirements (Please clarify all special requirements in the space provided.) <input type="checkbox"/> Pregnant <input type="checkbox"/> Timed pregnancy: _____ gestation days <input type="checkbox"/> Surgery: <input type="checkbox"/> Health status: <input type="checkbox"/> Other:		Additional Comments/Instructions (such as special housing requirements)	

SECTION 3 -- DELIVERY INFORMATION

Delivery Address (building and room)		Date Animals Needed
Order Type <input type="checkbox"/> Standing <input type="checkbox"/> Non-standing		If standing, total number and frequency
Start Date	Stop Date	Please note: Modifications or interruptions of a standing order must be submitted in writing to your institute office a minimum of three weeks before the change.

SECTION 4 -- INSTITUTE AND FACILITY AUTHORIZATIONS (For authorized institute and facility personnel only)

ICD Veterinarian's FAX No.	Institute Approval (signature)	Date	
Facility FAX No.	Facility Manager or ICD Vet's Signature (for space availability)	Requested Health Status	Date